

2019 Kansas Governor's Public Health Conference - Most Attended in History

The 2019 Kansas Governor's Public Health Conference was the largest conference ever with more than 350 attendees! It opened with pre-conference sessions on April 2 at the Hilton Garden Inn in Manhattan. The two-day general conference featured a number of state and nationally recognized keynote speakers including an opening keynote from Kent Rader on reducing stress, a keynote presentation from Sarah Martin on addressing the social determinants of health through the use of data and storytelling, a presentation from Dr. Umair Shah on public health messaging, and a keynote from Jerry Moe on drug endangered children.

Attendees were primarily staff from local health departments throughout Kansas. Many attendees left the conference with identified areas of growth. One attendee's key takeaway from the conference was, "We really need to reach out to other places in the community and form stronger relationships." Another participant left "inspired to look at work I've never thought about tackling before."

Another attendee found the discussions about how to talk about public health and promote it to the public to be beneficial: "I really enjoyed hearing ways that this had been successful and seeing how I could use these tips and strategies in my own work. I also liked getting to know the purpose of other departments and organizations as this will help me to create stronger partnerships in the future."

The conference was an opportunity to network, learn and celebrate Kansas public health. The 2020 Kansas Governor's Public Health Conference will be held in Wichita on March 31 - April 2, 2020.

This issue of Public Health Connections features over 12 pages of content from the 2019 Kansas Governor's Public Health Conference.

2019 Kansas Governor's Public Health Conference Planning Committee:

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KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS

What Public Health Means to Me

The Kansas Department of Health and Environment hosted a contest for responses to one of two public health definition questions. A two-night stay in the Presidential Suite at the Manhattan Hilton Garden Inn during the conference was one of the prizes. A committee of public health professionals chose Carla Marrier, Riley County Health Department, as the contest prize winner for her entry. Entries of Marrier and others were displayed at the conference. (The next issue of Public Health Connections will feature the other winning entry, submitted by Jamie Downs, Butler County Health Department.)

Public health is a call to arms against disease, disparity, and inequity. It is a ceaseless fight in the name of physical, social, mental and environmental health and wellness. It is a tireless march towards creating and protecting thriving communities. It requires heart and courage and patience. It demands a keen eye for detail. It shows you the fruits of your labor in the faces of those you help, educate or care for. It is so much more than policy and law. It is a passion to help others on both a large and small scale. If done well, public health transcends the limitations of budgets and grants and data and pushes its warriors to devise innovative ways to improve health and wellness. It is an art form in which you can paint the landscape of your community's wellness with such vibrancy that it drives others to join you. It is a calling. *Carla Marrier*

Working as a registered nurse in many different fields for 37 years, public health has become my favorite held position and a passion. As a young girl my dream has always been to be a nurse and be given the ability to help those in need. I've been given the chance, with all my experience, to give back to Greenwood County, my home town, through design and implementation of education, including disease prevention, safety, screening and immunizations. It is a sense of fulfillment, a calling that has been answered to be able to give back to the community I so love. I'm able to improve an entire community of people's health and health education. With a small staff of three at our health department and myself being the only nurse, I understand the seriousness of my job. It is my goal to personally give the most we can back to the community of people I so endeavor. We are helping prevent illness from occurring, and empowering individuals of the community to improve their own health. Those of us in the roles of public health have the potential to improve multiple health outcomes and transform lives. And that is extremely gratifying.
- Vicki Lindsey-Ross, Greenwood County Health Department

To me, public health is a way to create lasting change within countries, states, counties, cities, communities, and organizations that will assist citizens in living healthier, fuller, and longer lives. Public health touches every aspect of people's lives. There is not a single person on the planet that public health cannot help. It helps everyone! Public health strives to improve and protect the health of the public in many different ways. These include improving health equity, preventing disease, educating the public, raising awareness on many issues, advocating for healthier communities, shaping policy, and reducing the burden of disease. Public health is the hub of the Healthcare wheel.

- Rebecca Adamson, Crawford County Health Department

I'm a lover of philosophical quotes, and one of my favorite quotes completely encapsulates what public health means to mean and why it is my chosen career path. The quote is actually a response given by the Dalai Lama when he was asked what surprises him most about humanity. He said: "Man. Because he sacrifices his health in order to make money. The he sacrifices money to recuperate his health. And then he is so anxious about the future that he does not enjoy the present. The result being that he does not live in the present or the future; he lives as if he is never going to die and then dies having never really lived." THIS is public health to me. Helping every man, woman and child gain access to and understanding of health so that they can live a better life and help contribute to a better planet.

- Crystal Futrell, K-State Research & Extension

Public health is the core of my "being." Its existence is in the air we breathe, the water we drink, to limiting health disparities. In the last 7 decades, public health has provided disease prevention and supported health equality to prolong life through intervention and early detection. Focus has been on health promotion and literacy when protecting and improving the physical, mental and social "well-being" of population health. Promoting health improvements, prevention, and protection is the art of our science. My philosophy and goal of nursing is "provide the most compassionate care to enrich patients' lives and allow them to meet their full potential." With my future advancement as an APRN, I am proud to say that public health has guided my professional and personal developmental growth to education and improve the lives of others. Public health has taught me to embrace relationships and connections with others. My heart is full of the forever encounters I've had with patients, staff, and collaborative partners. Currently, I'm honored in the possibility of adopting one of my "at-risk" children. This goes to show our jobs truly go beyond the walls of our office and is in our everyday "being".

- Chandra Schwab, Clay County Health Department

There are many hats that we wear here at the health department that provide for the safety and health of the people of the county. Each one of the nurses and staff demonstrate compassion each day as they are busy wearing the many hats of public health. I am grateful for each hat and each person wearing them. There is the foot care hat. And to me, this is one of the humblest of hats to wear. But our nurses wear it proudly to help our elderly in our county. Second of all, there is the women's health hat. This hat provides services in our rural community. Third, there is the child health hat. The nurses will do physicals, hearing and vision. Fourth, there is the immunization hat. And I am glad for that. Many childhood illnesses would be awful to see here if it weren't for the parents that do bring their kids in for prevention and staff here to give immunizations. Furthermore, each hat is put on with love and respect and of course with the feather of compassion. And, I am grateful for public health here in our county.

- Betty Jo Ross, Meade County Health Department

As a school nurse, public health to me is so important as I'm advocating and teaching health to many individuals who count on me to have the latest knowledge, from early childhood age kids to teachers who have questions. In order for me to be able to address those needs, I need to be well educated myself in the latest and best health standards beyond our school level. Attending this public health conference would allow me so much to be educated and informed so I can use that information effectively for the people I serve! I want to act pro-actively versus defensively in raising public health awareness. Being proactive will lessen illness hopefully and bring on a better awareness of healthy living.

- Jana Scripsick, USD 254 Barber County North

Public health, to me, is not being afraid to communicate, collaborate, and advocate for creating healthier populations and communities. It means collecting data to understand health issues and inequities, and then acting on the information. This is achieved through engaging community partners, policy makers, funders, and through protection of resources. For 30 years, I have worked the gamut of nursing positions, including the following: medical/surgical acute care, nursing home, hemodialysis, home health and hospice, local public health nurse and administrator, IDO nurse, health facility surveyor for KDADS, and correctional health (prison) nurse. I have also served for 21 years as a volunteer for an international nonprofit organization, working locally, statewide, nationally, and internationally on various work groups. Every nursing position, and the volunteer work, has all benefited the health of the public. As I have been offered a new endeavor to work for one of the largest single health carriers in the United States, I will build on my experience and knowledge of population health. We all must be charged with acting on opportunities to expand the reach of public health through policy work, funding opportunities, research, and most importantly, collaboration. Everyone can impact public health when people work together.

- Robin Rzhia, KPHA and APHA Member

When I moved home to Tribune in 2004 to begin working at the Greeley County Health Department, I didn't intend to stay beyond my siblings' graduation from high school. My brother graduated in 2010. I'm still here. In public health, I found my passion and my life's work. The breadth and scope is tremendous and leaves little time for me to get bored—there is always work to be done, improvements to be made, people to help. I strive to treat each person as if they were my own family, because in a small town where you know everyone, it's not far from reality. The autonomy in public health has allowed me to focus on my interests that in turn improve the health of my community (i.e. immunization rates and built environments). The opportunities I have had, the recognition I have received, the strides we have made; none of it would have ever been possible without public health and the community that I call home. Public health is in my heart, it's a part of my soul, and there is no other field of nursing I would choose. I'm not going anywhere.

- Lisa Moritz, Greeley County Health Department

Public health is more than vaccinations and federal programs, like WIC and Family Planning. Public health is the unification of society by protecting those around us on multiple levels. It is a public service I will always love to advocate for!

- Shalei Swain, McPherson County Health Department

Public health are words that some people really don't fully understand. Public health, to me, means a lot of things. Helping a new mother learn to breastfeed, making sure this new mother knows just how important vaccinating her baby is, making sure new families with small children understand the importance of good nutrition. Helping the elderly stay in their homes maybe just a little bit longer. Nurses go into homes and make sure medications are set up and blood pressures are taken. Everyone who works in public health knows that what we do, we do for the people in our counties. Public health makes me proud and it makes me want to keep giving. What public health means to me is a labor of love and commitment. Everyone I have ever met in public health has a great desire to help people. People, communities and families is what public health is all about!

- Joleen Edens, Chautauqua County Health Department

"When I google public health, I find that it's defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention. What does this mean to me? Having a welcoming smile when a client first comes through our door. Talking with a patient on the phone with a reassuring tone regarding their test results. Consoling a new mother about her baby's first immunizations. Taking medicine out to a handicapped patient's car for his injection. Listening to someone who just lost their spouse and misses the companionship. Making a visit with a mother who is having difficulties breastfeeding. Following up on a referral you made for a child suffering from depression. Always making it a priority to communicate."

- Kelly Lacey, Sumner County Health Department

2019 KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE

WHAT PUBLIC HEALTH MEANS TO ME

Using the Strategic Framework to Achieve Change

"There are all these folks across the broad spectrum and continuum of work and efforts on one side trying to build a bridge to public health," Carlton Hall, a pre-session presenter, said, "and public health working to engage with these various disciplines. What I find is the cornerstone of that conversation is the notion of prevention—a very difficult concept to define. How does your work with public health issues fit into the prevention standpoint context?"

To increase community engagement and improve collaboration to address substance abuse and other behavioral health issues impacting Kansas communities, Hall advocates for use of the Strategic Prevention Framework. Hall, a former anti-drug coalition trainer, has witnessed this strategy's community-level effectiveness across the country. "Health problems are influenced by societal politics and environments that promote unhealthy behavior or fail to foster healthier choices," Hall said.

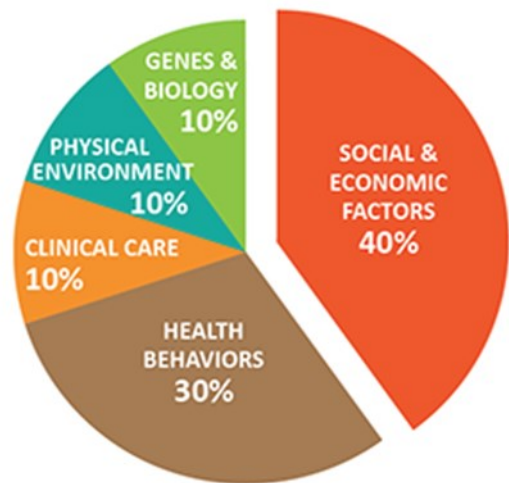
"This is why social determinants and community engagement matter. This is where we should focus our interests for change," Hall said. "The best solution is to prevent a problem before it starts. You need full engagement of the community to understand and solve the problem. Be guided by science to achieve population level change."

His definition of prevention is the 5-phase Strategic Prevention Framework process: assessment, capacity, planning, implementation, and evaluation. Questions in the Framework might include:

- **Assess** (What is the problem? How can I learn more? What substances seem to be most available? Most used? Where are they used? Who is at most risk?)
- **Capacity** (What do I have to work with?)
- **Plan** (What should I do and how should I do it?)
- **Implement** (How can I put my plan into action?)
- **Evaluate** (Is my plan succeeding?)

When working on a plan addressing the root causes of the substance abuse problem, Hall recommended seven behavior change strategies:

1. Provide information
2. Build skills
3. Provide support
4. Enhance access/reduce barriers
5. Change incentives and disincentives
6. Change physical design of environment
7. Change policies or regulations



DETERMINANTS OF HEALTH



Hall in one of the several small group exercises during the pre-session.

Frame Public Health as a Community Health Investment

"When they don't see what you do, they can't value it," said Umair Shah, executive director, Harris County Public Health in Texas. "How do you get people to understand the value of what you do?"

Shah said to convey the value of public health, you have to explain it in ways people understand. "We frame health a lot of ways. Nationally, we see it is an investment. Don't talk about it as an expenditure: you will get push back. Say public health is an investment, not an expenditure. The only way we are going to get out of this focus on cost is that we have to remember it is an investment, then send the message that you decrease costs in health care system."

Another message to convey is the difference between public health and medicine, Shah said. "We spend a lot of money on health but it's spent the wrong way. It's spent on medical needs instead of prevention and health promotion of the whole community." Explaining



Umair Shah poses with one of the conference photo booth props. Shah also led a conference session on hurricane response.

the difference between public health and medicine, Shah said: "Public health focuses on the population. Medicine focuses on the individuals. Public health emphasizes prevention and health promotion of the whole community. Medicine emphasizes diagnosis and treatment for one patient. Public health employs interventions aimed at the environment, human behavior, lifestyle, and medical care. It's stimulated by threats to the health of populations. Medicine is stimulated by needs of patients."

Be visible in message sending to get validation. "Public health is driven by the "three V's": visibility, value, and validation. When you show value, others want to validate that value by investing in the work." He said that validation becomes evident with policy changes and increased funding.

Shah likened public health to the offensive line of a football team, an image that can be used to communicate value. Use champions to move the message, Shah said, and "Don't be afraid to lead in your community."

Describing public health as part of the social fabric in a community central to well being, Shah advocated for an equity approach. "Invest in the Es: economics, education, environment, and engagement. Public health responds where people live, learn, work, worship, and play. We as a health system have to be strong and invested in equity work to transform our agency."

Looking forward to the public health of tomorrow, Shah said to heed global health matters. "We have to be concerned with what happens across the globe. The world is interconnected. We have more travel to and forth. More vectors. Think of all the changes in the climate. For instance, you might start seeing mosquito populations you have never seen before."

"When people don't recognize the value of what you do, they don't realize it needs to be invested in. When people don't invest in public health, communities suffer. We need to address how to bring newer ways and means of communicating the value proposition of public health." Read more about the "invisibility crisis," in [2017–2018 NACCHO President Dr. Umair A. Shah Shares Highlights from His Term and Describes How LHDs Can Combat the "#InvisibilityCrisis"](#)

Addressing Public Health Nuisances in Your Community

A nuisance can be about anything that interferes with the use or enjoyment of property, said Jennifer Nichols, North Central District Environmental administrator, Kansas Department of Health and Environment. "They usually post a threat to public health such as a condition that supports disease vectors."

"Kansas law gives county boards of health broad authority to investigate and order abatement of 'all nuisances, sources of filth and causes of sicknesses' that in their opinion may be injurious to the health of the inhabitants," Nichols said, when referring to K.S.A. 65-159., the nuisance statute that dates to the earliest days of Kansas statehood.

Nichols said, typically someone makes a nuisance complaint to local government that then investigates the complaint by collecting additional information. Investigators evaluate the severity of the complaint and also determine whether an existing regulation or ordinance applies. Next, complaint investigators decide who should be involved if the complaint is valid, for instance, county board of health, sanitarian, city officials, other county agencies, or KDHE district offices.

Safety concerns then are identified. For example, is just one person affected by the nuisance or the community? Is there a risk to public health. A site investigation, which is aided by the owner's allowing entry, is then done. Depending on the nuisance, a variety of courses may be taken.

"We get calls about hoarders," Nichols said. "If you have lanes, so you can traverse through the stuff, then it is okay. The stuff has to be of value and a product that can be reused. If it will disintegrate, that's a solid waste complaint. If you don't have trash service, and your trash blows over to neighbors, that's open dumping."

K.S.A. 65-3409, another statute linked to nuisances, addresses open dumping and is often used for complaints regarding the improper management of used oil.

Nichols said she also gets calls about house disposals. "You can get KDHE approval and a permit to bury your own house with at least two feet of soil cover. You also need a covenant of deed so someone doesn't build on top. Or you can get a KDHE landfill permit to take your house remains to a landfill. Can you burn? The simple answer is 'no.' The local fire department can request a permit to burn, but that is not the final disposal. After they put the fire out, they have to bury the house or take it to a landfill."

**"What can you do
about nuisances?
Take pictures!"**

-Jennifer Nichols, North Central
District Environmental
administrator, Kansas Department
of Health and Environment.

K.S.A. 65-159. Abatement of nuisances; failure to remove, penalties. The secretary of health and environment and the county or joint boards of health shall have the power and authority to examine into all nuisances, sources of filth and causes of sickness that in their opinion may be injurious to the health of the inhabitants within any county or municipality in this state. Whenever any such nuisance, source of filth or cause of sickness shall be found to exist on any private property or upon any watercourse in this state, the secretary of health and environment or county or joint boards of health shall have the power and authority to order, in writing, the owner or occupant thereof at his or her own expense to remove the nuisance, source of filth or cause of sickness within twenty-four (24) hours, or within such reasonable time thereafter as such secretary or such county or joint board may order; and if the owner or occupant shall fail to obey such order, such owner or occupant upon conviction shall be fined not less than ten dollars (\$10) nor more than one hundred dollars (\$100), and each day's continuance of such nuisance, source of filth or cause of sickness, after the owner or occupant thereof shall have been notified to remove the nuisance, source of filth or cause of sickness, shall be a separate offense.

KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS



During the keynotes and several other sessions, a University of Kansas illustrator graphically recorded keynote presentations. Take a look!

Let It Go, Just Let It Go

Opening the conference, motivational speaker Kent Rader kept attendees laughing as he humorously discussed the fight-or-flight response to perceived stress and encouraged attendees to never "solve a problem in a bad mood."

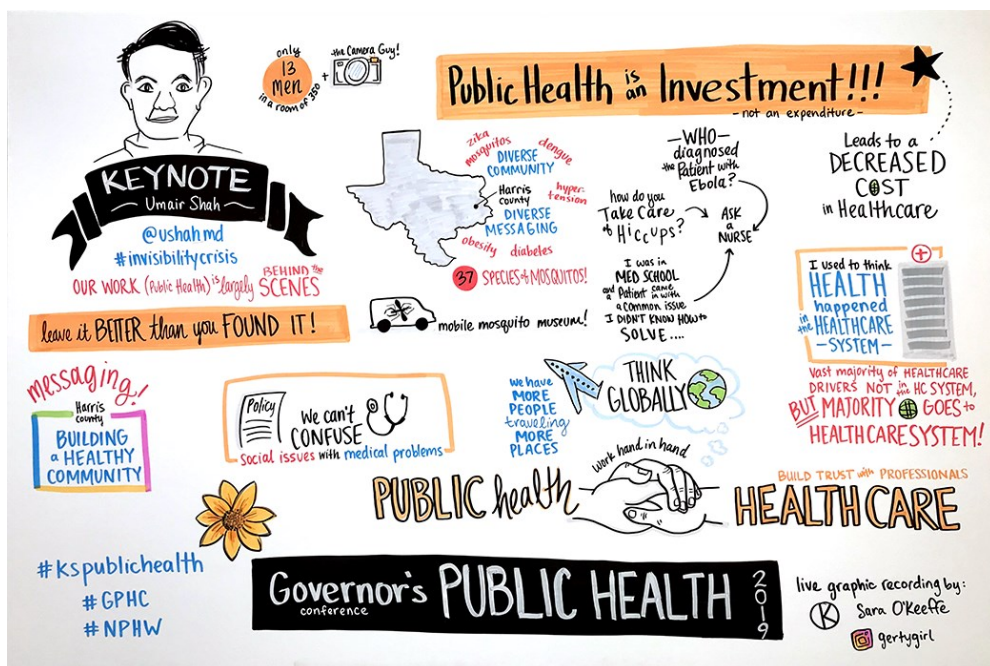


Public Health Practice in the Age of Social Determinants

Sarah Martin, director, Kansas City, Missouri, Health Department's Public Health Services, advised attendees to make lasting change in their communities by "finding your people" to build energy and employing a clear message as a guiding framework.



KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS



The Invisibility Crisis

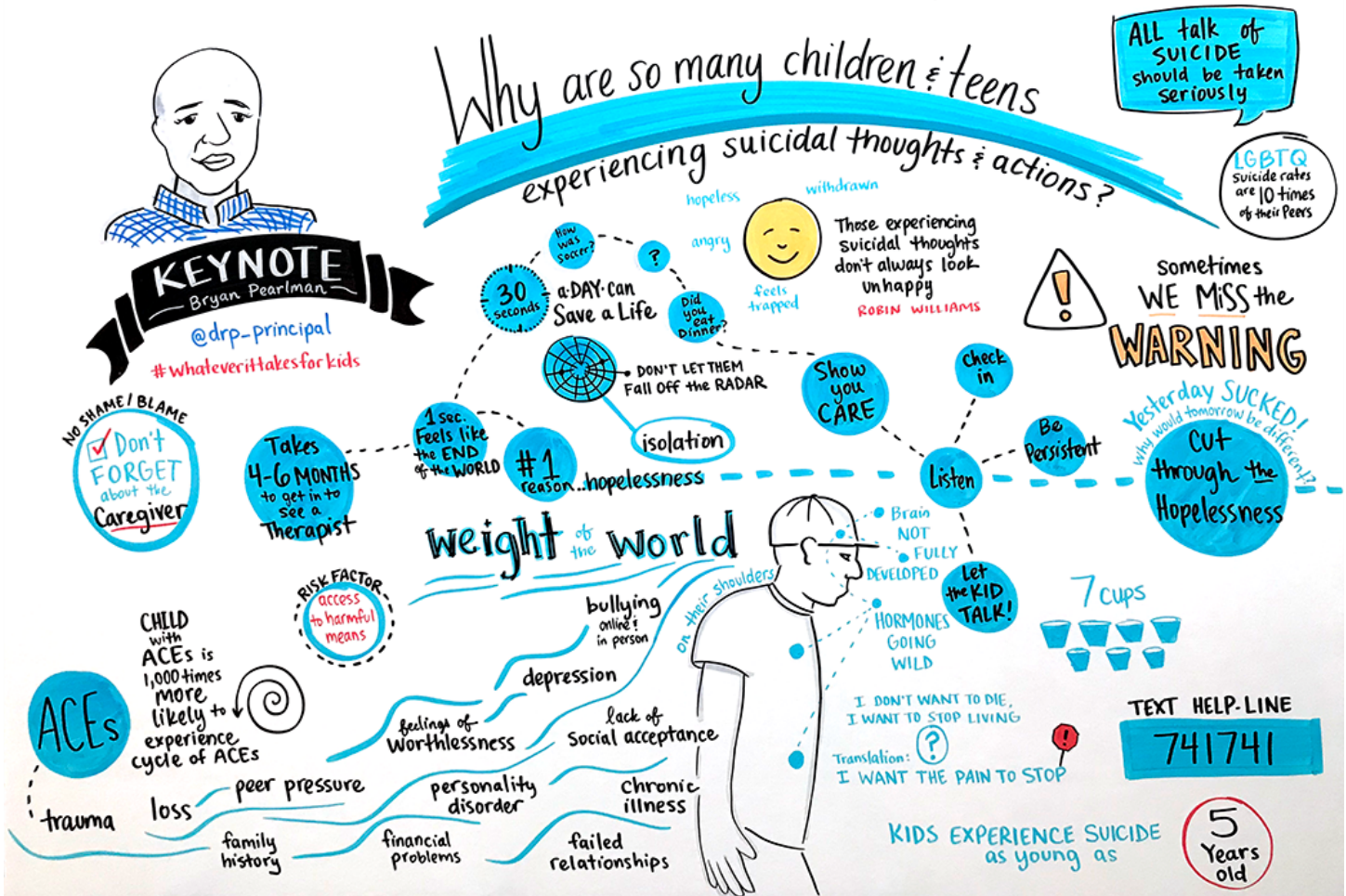
"Local public health is facing a significant crisis across the country," according to Umair Shah, executive director, Harris County Public Health in Texas. "It isn't the latest 500-year storm or a large disease outbreak. It is about our work, which is often times invisible. When people, including policymakers, don't recognize the value of what public health does, they don't realize it needs to be invested in. When people don't invest in public health, communities suffer."



Through a Child's Eyes: Understanding Addiction and Recovery

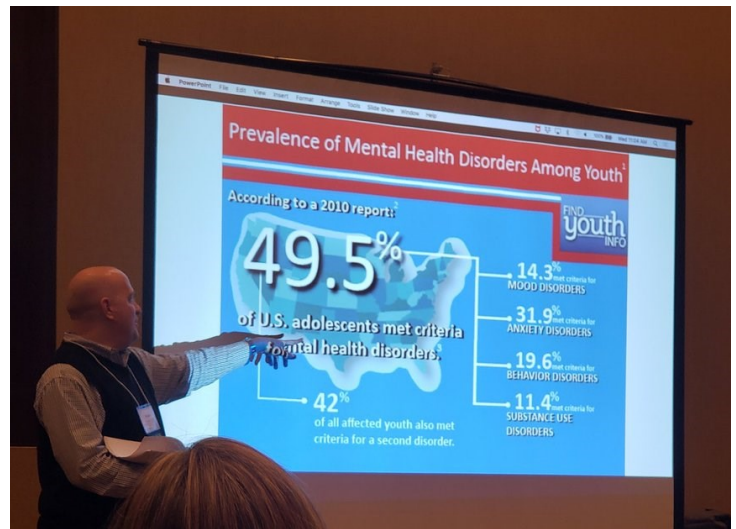
Jerry Moe, national director of the Hazelden Betty Ford Children's Program, concluded the conference talking about children affected by substance abuse. Moe told of successful strategies such as artwork and stories used to bolster this vulnerable population. "Separate the person from the disease," Moe said. "Or you put the child in a dilemma: they must betray someone they are close to. Talk about the disease, not the person."

KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS

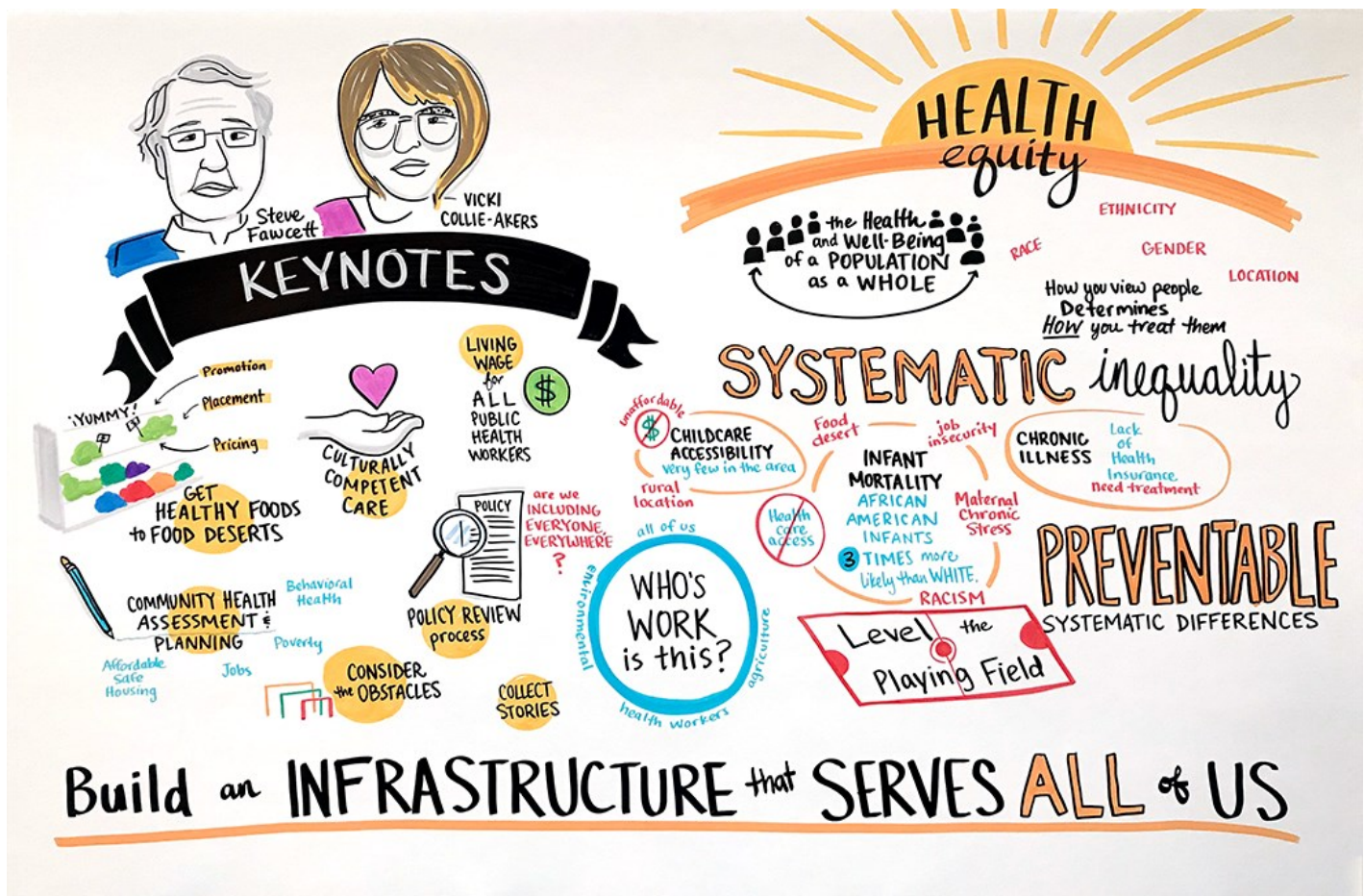


Why Are So Many Children and Teens Experiencing Suicidal Thoughts and Actions?

The number of children and teens experiencing suicidal thoughts and actions has soared over the past decade, said Bryan Pearlman, founder of Lead Trainer, and become a national public health crisis. If you suspect that a teen is depressed, open up a dialogue in an honest and non-judgmental way. Convey to the teen you are there to help, no matter the triggers beneath the depression. Listen more than you talk. Don't minimize. Be persistent. Trust your instincts. Pearlman discussed additional strategies to improve youth's mental health, many of which can be found in his book, [Whatever It Takes For All Students To Succeed In School and Life](#). Learn more, too, on Pearlman's [Twitter feed](#).



KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS



Health Equity: Assuring Equal Opportunities for Health

Health inequities produced by the social and economic factors in a society have been the research focus of Vicki Collie-Aker, Center for Community Health and Development at the University of Kansas, in projects such as Health for All: Healthy Places that Promote Health Equity among Latinos in Kansas City, Kansas. To encourage a more healthy lifestyle, this project included translation services in medical clinics, health screenings, nutrition education in Spanish-language media, free healthy meals, and a community garden. In Collie-Akers' Health for All Food Retail and Restaurant Initiative program, the goal was to improve community health by changing the way small neighborhood stores market wares. Retailing changes resulted in more fresh produce, eggs, dairy products, and other healthy offerings. Other changes have been stocking cold bottled water at eye level in the soft drinks case, and offering discounts on produce. This session led by Collie-Aker and Stephen Fawcett, University of Kansas, on community development for population health and health equity focused on the WHO conceptual framework outlining three levels of social determinants that affect equity and health and well being:

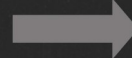
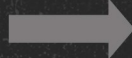
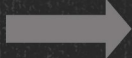
- Structural drivers: (e.g., taxation, societal norms)
- Social position and stratification determinants (e.g., social class, race, education, income)
- Intermediary determinants (e.g., maternal circumstances, health care system)

KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS

A pop-up display of *Outbreak: Epidemics in a Connected World*, an exhibition created by the Smithsonian's National Museum of Natural History in Washington, D.C., was featured at the KGPB Conference.



Where Did Pandemic HIV Come From?



Molecular dating suggests that HIV spilled over into humans around 1910 in central Africa—perhaps when a chimpanzee carrying a closely related virus was butchered for meat.

Over the next several decades, people who were infected but unaware passed along the disease.

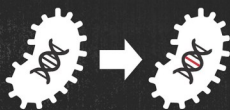
When HIV arrived in urban centers along the Congo River, it spread rapidly, undetected, eventually traveling around the globe.

Since the HIV pandemic began in 1981, more than 78 million people have been infected worldwide, and 35 million have died.



Outbreak examines zoonotic emerging infectious diseases and their pandemic risks in the 21st century. The exhibit addresses these questions: Why do pathogens emerge where they do? How do they “spill over” from animals to people? What causes them to amplify and spread quickly? And finally, what can individuals and communities do to prevent the next outbreak?

How can pathogens spread from animals to humans?



Pathogens evolve, helping them to adapt to humans.



People move into once-wild places, increasing contact with pathogen-carrying animals.

Human, animal, and environmental health are intimately connected. Almost two-thirds of emerging diseases have a non-human animal source, and almost three-quarters of these originate from wildlife such as rodents, bats, birds, and primates. Places frequently exposed could be where the next outbreak might occur. International travel can spread it quickly to anywhere in our connected world.

Extreme Event Preparedness Role-Play

During the Extreme Event session led by Mike McNulty, deputy preparedness director, and Tyson Rensch, KansasTRAIN administrator, both from the Kansas Department of Health and Environment, participants worked together to make decisions and solve problems during a disaster simulation. "Everyone was able to identify uses and relate the event to their real life communities," Rensch said. "Emergencies aren't happening in a silo; they involve everybody."

Throughout the session, McNulty explained escalation levels and how they work in Kansas. He also noted real Kansas examples and the protocol followed. After the conference, the Extreme Event was incorporated into KDHE's 2019 public health regional meetings in six Kansas regions.





Sex Trafficking: Hidden in Plain Sight and the Role of Social Media

Russ Tuttle, founder and president, Stop Trafficking Project, said pornography is a public health crisis with social media playing a powerful role in minor sex trafficking. "Grooming happens online with Kik Messenger and Snapchat requests for pictures, followed by request for a meeting in person," Tuttle said. As Tuttle told of numerous grooming instances during his conference session, he reinforced the message that sex trafficking is the "exploitation of vulnerability." To mitigate exploitation, Tuttle said to engage more with social media to learn of its uses and organize community awareness.

Intimate Partner Violence: Turning a Public Problem into a Public Health Priority

Domestic violence (battering) is a pattern of abusive and coercive behavior used to gain dominance, power, and control over an intimate partner or former intimate partner, said Sarah Hachmeister, accreditation and technical assistance coordinator, Kansas Coalition Against Sexual and Domestic Violence. Statistics for the most recent year in Kansas show 22,708 domestic violence incidents were reported to law enforcement. Of those reported incidents, the offender was arrested 50% of the time. That same year, Kansas had 38 domestic violence homicides, which consisted of 21.6% of annual homicides in the state. Last year, 3,816 Kansans found refuge in safe shelters for a total of 124,397 nights. Of relevance to local health: women who talked to their healthcare provider about abuse were four times more likely to use an intervention, and 2.6 times more likely to exit their relationship with the abuser. Healthcare providers can assess providers' readiness and confidence in screening, and then use an evidence-based intervention such as CUES.

C: Confidentiality

Always see the patient alone for at least part of the visit and disclose your limits of confidentiality before discussing IPV.

UE: Universal Education + Empowerment

Use safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence.

S: Support

If disclosure occurs, discuss a patient-centered care plan to encourage harm reduction. Make a warm referral to the local DV program.

Kansas STI Trends

Chlamydia

Spread through vaginal, anal, and oral sex, this bacterial infection is on the steady increase in Kansas. Since 2008, chlamydia has had a 49.1% jump in the state. Sixty-eight percent of cases occur in Kansans ages 15 to 24.

Gonorrhea

A common sexually transmitted bacterial infection that may cause infertility if untreated, gonorrhea has increased 114.2% from 2015 to 2018. It also has become resistant to antibiotic treatment with only one treatment option remaining.

HIV

Today HIV has 79.8% occurrence in Kansas males. This percentage is probably higher because HIV is not reported in counties with less than five cases. Over half of those with HIV in Kansas are between ages 25 to 44.

Syphilis

This STD has seen a recent dramatic rise in Kansas with injection drug use a major contributing factor. Methamphetamine use in the southeast corner of Kansas (e.g., Parsons, Coffeyville) is the most common risk factor. Syphilis in Kansas is often associated with incarceration.

Congenital syphilis

In 2017, there were a total of 918 reported cases of congenital syphilis in Kansas, including 64 syphilitic stillbirths and 13 infant deaths.

Source: *STI Trends and Emergent Issues* conference session presented by Scott Strobel, section chief, Bureau of Disease Control and Prevention Disease Intervention Section

Collaborative Strategies

- Figure out what your community needs and how you can help each other
- Establish an effective screening and referral system
- Identify integration opportunities

Source: Steve Denny, *Behavioral Health Is "Public" Health: The Relationship Between Mental Illness, Substance Abuse, and Impact on the Public Health System*



KANSAS GOVERNOR'S PUBLIC HEALTH CONFERENCE HIGHLIGHTS

New App Debut at Conference

This year, conference attendees could download Attendify, a private event networking experience to share messages and post images. Camron Roloff and Karen Kelley both won prizes for most photographs posted. See someone you know or remember in these posted Attendify images?



PUBLIC HEALTH CONNECTIONS



A PARTNERSHIP OF
de Beaumont Foundation
The Aspen Institute

Aaron Davis Nationally Recognized as a PHRASES Fellow by de Beaumont Foundation & Aspen Institute



WICHITA STATE
UNIVERSITY

COMMUNITY ENGAGEMENT
INSTITUTE

Aaron Davis, Community Engagement Institute, Center for Public Health Initiatives Director was recently selected as one of 15 PHRASES (Public Health Reaching Across Sectors) Fellows from across the United States. This exciting new fellowship is a partnership of the de Beaumont Foundation and the Aspen Institute's Health, Medicine and Society Program. The fellowship is designed to recognize

and support public health leaders in developing communication skills and strategies to frame public health messages in ways that resonate with other sectors (such as housing, education, health systems and businesses). The fellowship program will equip the fellows to forge cross-sector collaborations in their own communities and position them as mentors for other public health professionals looking to reach across sectors.

Aaron's career has included work in both government and private industry. He has worked previously at a local public health department, but now works to assist and improve all areas of public health in the state of Kansas through his role at Wichita State University. He has Master's Degrees in Public Administration and in Business Administration, as well as undergraduate degrees in Business Administration and Integrated Marketing Communications. With more than a decade of experience in public health, Aaron is an advocate for advancing the Public Health 3.0 model in Kansas.



OneCare Kansas – Medicaid Health Home Program to Return

During the 2018 Session, the Kansas Legislature issued a budget proviso that allows the Kansas Department of Health and Environment (KDHE) to reinstate the Medicaid Health Homes Program in a limited way. This updated version of Health Homes will be called OneCare Kansas and will be open to certain Medicaid Members who will opt-in to receive services. Details of the program, including the specific population to be served, are currently under development. In October 2018, KDHE formed the OneCare Kansas Planning Council to provide feedback and consultation regarding the planning and implementation of the OneCare Kansas program. The group includes representatives from a wide variety of partner organizations who have a stake in the program's success including State agencies, hospitals, physical and behavioral health service providers, social service providers, Managed Care Organizations, and community-based foundations. Additional representatives may be added as OneCare Kansas evolves to assure continuous quality improvement for the program.

In their first two meetings, OCK Planning Council members learned about the history of the Health Homes movement in Kansas and current expectations for the OneCare Kansas program. The group provided feedback and guidance regarding potential provider application requirements and began to identify opportunities to communicate with stakeholders across the state about the program and its benefits. To learn more about OneCare Kansas, visit <https://www.kancare.ks.gov/> and click on either "Member Information" or "Provider Information" next to the OneCare Kansas logo. The website will be updated as information becomes available. Visit the [website](#) to see a full report from the Planning Council each month. Questions? Send them to OneCareKansas@ks.gov.



PUBLIC HEALTH CONNECTIONS

KDHE Reports on First Survey of Birth Mothers

by the Kansas Department of Health and Environment

The Kansas Department of Health and Environment (KDHE) has released its first annual report from the Kansas Pregnancy Risk Assessment Monitoring System (PRAMS). The 2017 PRAMS Summary provides information from women who are interviewed about their experiences before, during and shortly after pregnancy. Forty-seven states participate in the PRAMS survey, covering approximately 83% of all live births in the United States. Kansas joined the PRAMS project in 2016 and began data collection in 2017.

Some notable findings from the 2017 Kansas PRAMS survey include:

- Two-thirds of mothers (67.0%) had a health care visit in the year before their pregnancy.
- More than 4 in 5 mothers (85.7%) received prenatal care during the first trimester of pregnancy.
- Almost 1 in 8 mothers (12.4%) exhibited signs of having depression in the 2 to 3 months after giving birth.
- Nearly 3 in 4 mothers (72.6%) had experienced at least one stressful life event during the year before delivery.
- Approximately 9 in 10 infants (90.1%) had been breastfed or fed breast milk, even if only for a short period of time.

Most mothers reported placing their infants to sleep on the infant's back most frequently (80.2%), versus on his/her side, stomach, or a combination of back, side, and/or stomach.

"The data gathered by the PRAMS survey can really help identify areas for improvement that we might not have seen before" said Farah Ahmed, State Epidemiologist. "For example, more than 30% of women aren't receiving care from a healthcare professional before they are pregnant. This is data that helps inform action at the state level in partnership with local providers and communities."

The PRAMS survey helps shed light on issues that affect the well-being of mothers and infants. Some of these issues, such as postpartum depression and stressful life experiences, have never been studied at the statewide level in Kansas before.

"The answers and stories gathered by the survey translate to programs and policies that can make a difference," said Rachel Sisson, Bureau of Family Health Director. "Babies born early (premature) or with low birth weight (less than 2,500 grams) have a higher risk of infant death and illness. Finding out why some babies are born healthier than others can assist us with planning a better future for mothers and their infants. KDHE works collaboratively with state and local partners to promote and increase access to comprehensive education, services and supports for the healthiest outcomes."

The full report can be found here: http://www.kdheks.gov/prams/downloads/Kansas_PRAMS_2017_Surveillance_Report.pdf. For more information about the PRAMS project in Kansas, visit: <http://www.kdheks.gov/prams/>. For more information and national statistics visit <https://www.cdc.gov/prams/index.htm>. If you have any questions about Kansas PRAMS or are interested in special statistics, email KDHE.PRAMS@ks.gov.

Kansas Behavioral Risk Factor Surveillance System - Local Data, 2011-2017 Now Available

by the Kansas Department of Health and Environment

The Kansas Behavioral Risk Factor Surveillance System (BRFSS) - Local Data, 2011-2017 is now available. These data can be accessed [here](#) or through the [BRFSS website](#). More than 20,000 adult Kansans participated in the 2017 Kansas Behavioral Risk Factor Surveillance System (BRFSS) survey, comprising a sample large enough for detailed analysis to provide reliable health indicator information for 42 of the state's 105 counties and for 16 Public Health Preparedness Regions.

The Kansas Behavioral Risk Factor Surveillance System (BRFSS) - Local Data, 2017 Reports are also [now available](#). The reports have county/region level information about health-related risk behaviors, chronic conditions and use of preventive services. For questions or assistance in using BRFSS local data, please contact Pratik Pandya at Pratik.Pandya@ks.gov.



Substance Use Disorder Training Conference - May 15

The Community Care Network of Kansas is hosting the Substance Use Disorder Training Conference in Manhattan at the Hilton Garden Inn on May 15, 7 a.m. - 4:30 p.m. The conference will feature engaging presentations and discussions regarding treatment strategies and best practices. National and local speakers will provide more insight on the following topics: multifaceted community approaches, multidisciplinary approaches to pain management, model of implementation, unintended consequences of regulatory interventions, sustainability of behavioral health integration model, and more. A [draft agenda](#) is available for those who are interested in additional information. Conference registration fees range from \$75 for community care members and farmworker providers to \$125 for non-members and non-farmworker providers. Register for the conference [online](#) by May 10. Contact Theron Platt for questions regarding the event at 785.233.8483 or registration@communitycareks.org.

Upcoming Motivational Interview Training Available for Kansas Community Health Workers

by Taylor Mitchell, Center for Public Health Initiatives, Wichita State University

Vulnerability is a reality of healthcare. Every day, people across the state, country, and globe trust healthcare professionals to provide high quality care while they are in a vulnerable, ill condition. During these interactions, health care professionals and Community Health Workers (CHWs) have both the privilege and the opportunity to engage with patients using a unique counseling style called Motivational Interviewing (MI). This tool gives them the ability to facilitate and direct conversation with patients, eliciting self-motivational statements while encouraging positive behavior change in a non-confrontational, professional manner.

Per the 2018 Kansas Community Health Worker workforce assessment, there was an overwhelming interest by Kansas CHWs in regards to MI training. Staff members at the Wichita State University Community Engagement Institute have designed MI training sessions specifically for Kansas CHWs. These trainings will be available on Thursday, May 30 in Dodge City and on Friday, September 27 in Eastern Kansas, location to be determined.

Key outcomes of the trainings include increasing self-efficacy to improve patient motivation, gaining increased understanding of MI and its principles, and practicing these new skills during the session. Understanding MI and its application will allow CHWs to engage and impact patients by guiding through guidance to positive behavior change.

Please contact CPHI for more information by emailing us at cphi@wichita.edu.

Job Postings

Geary County Health Department
WIC Breastfeeding Peer Counselor

Harper County Health Department
Interpreter for Health Department

Hodgeman County Health Department
Health Department Staff Nurse (RN)

McPherson County Health Department
Receptionist/Clerk I
Registered Nurse - Public Health

Shawnee County Health Department
Child Care Licensing Surveyor
EPCO Specialist
RN (Nurse-Family Partnership)
Social Worker - MSW

Connect. Interact. Learn.
Annual Meeting | June 6-8, 2019
Wichita, Kansas

County Health Rankings in a Changing Kansas—May 8

Join the Kansas Health Institute for an engaging discussion on the health factors and outcomes detailed for each Kansas county — and the implications moving forward as demographics continue changing.

Event attendees will learn more about a changing Kansas and the role Rankings can play as counties work to develop healthy and thriving communities. The event will also focus on the key leadership roles of the behavioral health, health care and community health sectors in this work.

Participants can attend either online or in-person at the Kansas Health Institute, Neosho Memorial Regional Medical Center or Republic County Hospital.

Register [online](#).

KAFP Annual Meeting Offers Valuable CME for Your Practice—June 6-8

Kansas Academy of Family Physicians (KAFP) invites you to the 2019 KAFP Annual Meeting: “Connect. Interact. Learn.” June 6-8 at the Wichita Marriott. This is an opportunity to network with fellow family physicians, participate in Academy business, and earn up to 20.5 CME credits. KAFP is pleased to offer a pre-conference session ‘MAT Waiver Training’ on June 5, 1 - 5:30 p.m. The pre-conference session is free for KAFP members and only \$50 for non-members. Register for the MAT Waiver training with your Annual Meeting registration [here](#) or as a separate event [here](#). CME sessions encompass social determinants of health, wound care, smart technology with children, long acting reversible contraception, POCUS, prostate cancer, COPD, obesity, diabetes, pediatrics, lupus and more. View the full schedule [here](#).



Visit www.kafponline.org/annualmeeting/ for Annual Meeting schedule, registration and more. Please contact the KAFP office at 316.721.9005 or email kafp@kafponline.org with questions about the meeting or registration.

Kansas ACEs Connection

On February 25, WSU CEI launched “Kansas ACEs Connection” as part of the international ACEs Connection online social network. Kansas ACEs Connection is dedicated to connecting and supporting organizations, systems, and communities interested in better understanding the prevalence of ACEs and trauma, recognizing the impact that these have on individual and organizational health, and developing policies and practices that promote resiliency and healing. By visiting <https://www.acesconnection.com/g/kansas-aces-connection>, you can access resources, see upcoming training opportunities, or connect with others in Kansas to learn more. Become a member and join in on the conversation!

Applications Being Accepted for the Great Plains Leadership Institute Year 15

The Great Plains Leadership Institute is designed for emerging, mid-level and senior leaders from the Great Plains Region (Nebraska, Iowa, Kansas, Missouri, South Dakota, and more) who play essential roles in keeping communities healthy. Scholars come from academia, governmental public health, insurance companies, community health centers, civic and elected positions, community-based organizations, the business community, and more. If you could benefit from new and expanded relationships with other health and well-being leaders in the region, are ready to strengthen your ability to lead and are ready to make a greater impact within your team, organization and community, [apply now](#).

The competencies and curriculum for the program are available [online](#). Visit the Institute website for more information: www.greatplainsleadership.org. Questions about the program and the application can be sent to the Institute Director, Katie Brandert at kbrandert@unmc.edu.

Applications for the Great Plains Leadership Institute (GPLI) are open through June 14.

Death of a Kansas Public Health Hero

Dick (Richard) Morrissey passed away in March 2019. He devoted his life to Kansas public health. He began his 36-year career with the Kansas Department of Health and Environment in 1974, the year the department was established. During his tenure with the state he held several positions from Director, Bureau of Adult and Child Care to Deputy Director and Interim Director, Division of Health. During his time at KDHE, Dick was involved with a vast and varied scope of initiatives and projects. For more than a decade, he led the Office of Local and Rural Health helping to expand/maintain hospital and critical access care across the state. In addition, he assisted with the new emphasis on hospital bioterrorism readiness. In every role, Dick's core belief that public service is the highest calling made him a faithful steward of public health for all Kansans.

Morrissey was awarded the Kansas Public Health Association's Samuel J. Crumbine Medal in 2010. The medal recognizes meritorious service and dedication to improving the health of all Kansans.

He is remembered for his devotion to public service by colleagues such as Debbie Nickels, "I first met Dick in my youth as a public health administrator back in 1988, when I didn't have a clue at what I was getting into. Dick provided the stability at the state health department needed to keep the day to day work going while tackling new challenges like public health emergencies. Dick worked for the Kansas Department of Health and Environment in many leadership capacities, including the Director for the Office of Local and Rural Health, Deputy Director of Health, Interim Secretary and so on. Public health and Kansas was his life. I don't remember him ever really talking about hobbies except for reading, which was always about public health."



To Improve Health Equity, Rural America Must Be Part of the Frame

by Whitney Kimball Coe, Robert Wood Johnson Foundation

At a time when we are trying to understand how ZIP codes influence our health and quality of life, rural people have lessons to share about what it takes to build equity and opportunity in their communities. Here are lessons I've learned in my work with the Robert Wood Johnson Foundation:

- Work with and through local and regional intermediaries. When it comes to making change in rural communities, you have to start with the schools; community-based organizations; regional health centers; faith-based institutions; and small businesses.
- Grow and engage leaders of different kinds and at different levels to get the work done together. This isn't about another leadership training, but about finding champions in each community and helping them develop the skills they need to facilitate change.
- Connect people within and across sectors and geographies for peer learning and collective action. When you bring a diversity of perspectives to the table, you are more likely to generate the right energy and strategy around the solutions rural communities need most.
- Develop and strengthen the infrastructure for local, state, regional and national resource and information-sharing. [Urban and rural boundaries](#) are porous and our residents are itinerant; the roads leading in and out carry people, goods, and ideas without regard to ZIP code, making the futures of rural and urban places intertwined.

For the full article, [click here](#).